

Name
in
Full

Elijah A. Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

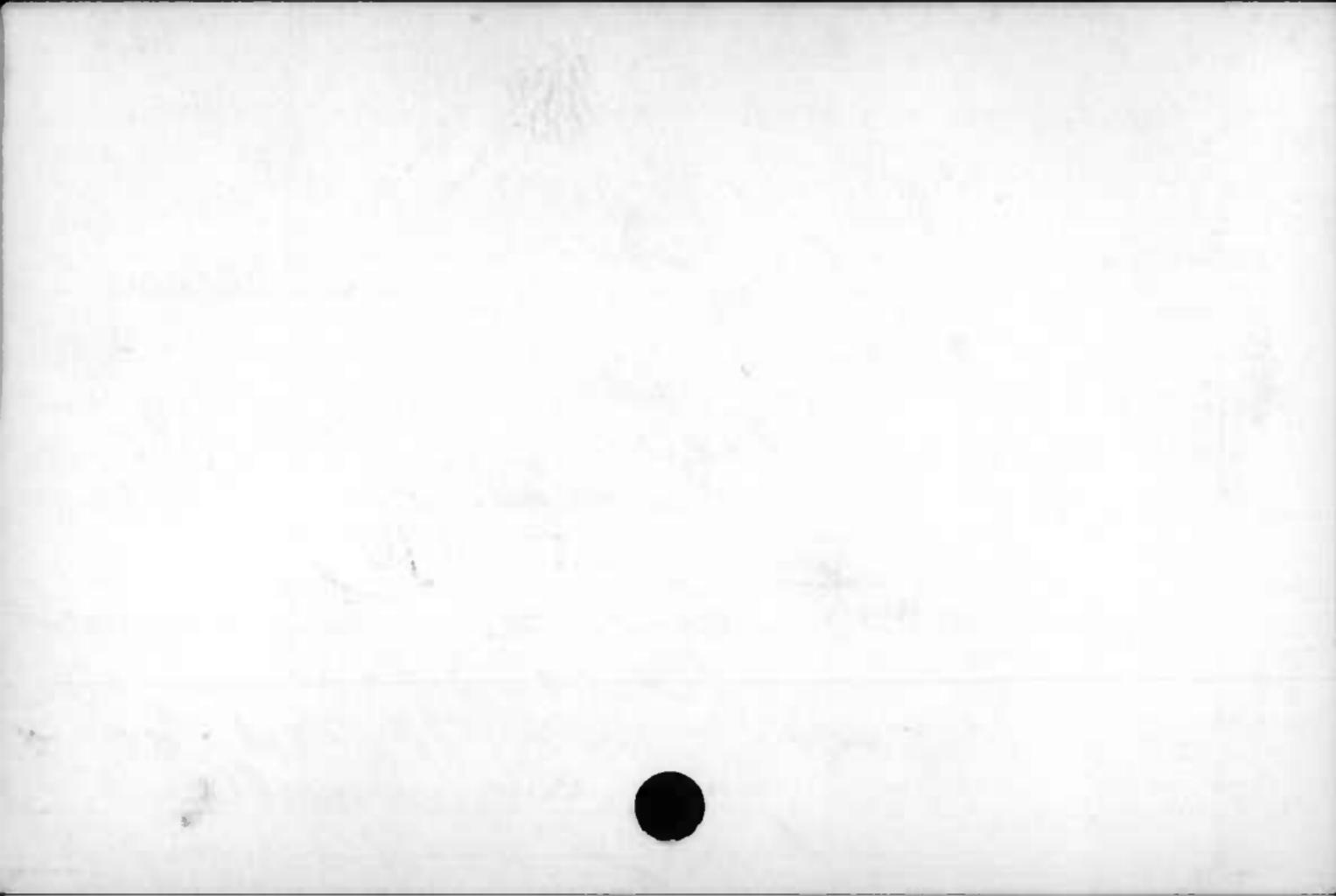
Died at Springfield Hospital		County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1908	June	17 th	79	- -
Sex	Female	Color or Race	White	Birth-place
Occupation	none	Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	Unknown -	
Father's Name	Obed Harley	Father's Birthplace	Md -	
Mother's Maiden Name	Tone Artis	Mother's Birthplace	Washington D.C.	
Name of person giving information	Hospital records	How related to deceased	none	

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	Intestinal Obstruction		How long
Immediate	Peritonitis		How long
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	W. Henry Fisher M.D.
		Address	Sykesville
Accident or Suicide?	Do.		Md.



CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
Sex	Female.		Color or Race	White.		Birth-place	
Occupation	Student.		Where Residing if not at place of death		Place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		Single			
Father's Name	John H. Bowie				Father's Birthplace	Maryland	
Mother's Maiden Name	Aclen Reese.				Mother's Birthplace	Virginia	
Name of person giving information	Harrison Bowie.				How related to deceased	Brother	

CAUSES OF DEATH

27

Primary

Tuberculosis. Six weeks.

Immediate

Expansion & Suffocation. Six weeks.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

yes.

Harrisonville
Baltimore Co. Md.

Accident or Suicide?



St John's Seminary

Name
In
Full

Littlemood Garfield Broddus

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

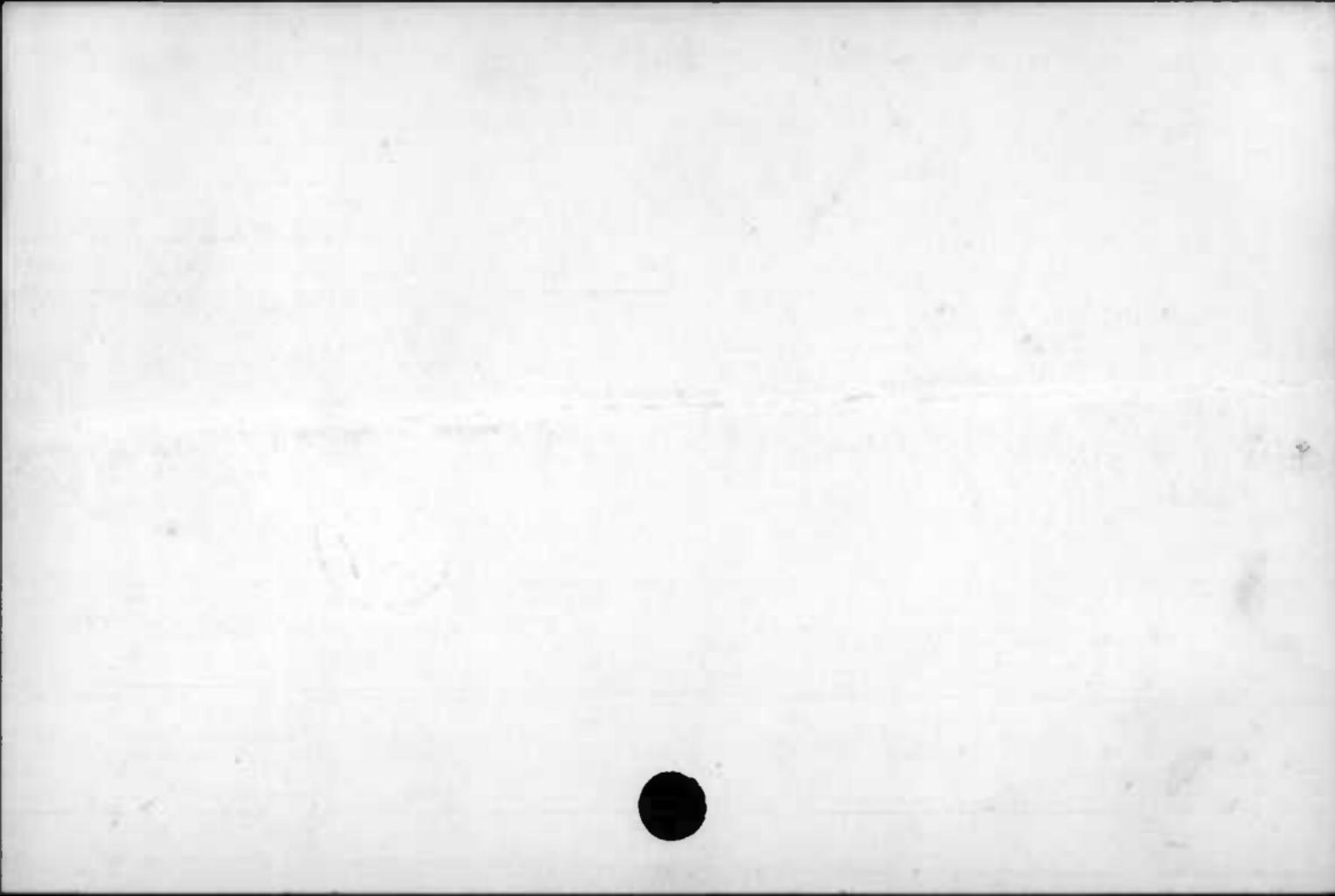
Died at	Town	County	MARYLAND		
Eldersburg	Carroll		10	4	
Date of death	Month	Day	Years	Months	Days
1908	June	30	15		
Sex	Male	Color or Race	Colored	Birth-place	Carroll Co. Md.
Occupation	Waiter	Where Residing if not at place of death	same		
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Wm. T. Thomas	Father's Birthplace	Talbot Co. Md.		
Mother's Maiden Name	Ida Hardy	Mother's Birthplace	Carroll Co. Md.		
Name of person giving information	Ida Broddus	How related to deceased	mother		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pleurisy	How long	6 mos
Immediate	Pulmonary Tuberculosis	How long	3 mos
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	M D Morris
		Address	Eldersburg Md
Accident or Suicide?	—		



Name
in
Full

Ellery C. Folger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hospital		County Carroll		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1908	June	19	21		
Sex	Male	Color or Race	White	Birth-place	Bost Mass.
Occupation	Commercial Merchant			Where Residing if not place of death	
Married, Single or Widowed				Unobtainable	
Father's Name	Stephen Folger			Father's Birthplace	Mass.
Mother's Maiden Name	Anne North			Mother's Birthplace	Mass.
Name of person giving information	Hospital records			How related to deceased	

CAUSES OF DEATH

120

How long

about 3 yrs.

PHYSICIAN
OR CORONER

Primary

Senile dementia

Immediate

Chronic Nephritis

How long

Unknown

Are the name, age, sex, color, date and place correctly given above?

Yes

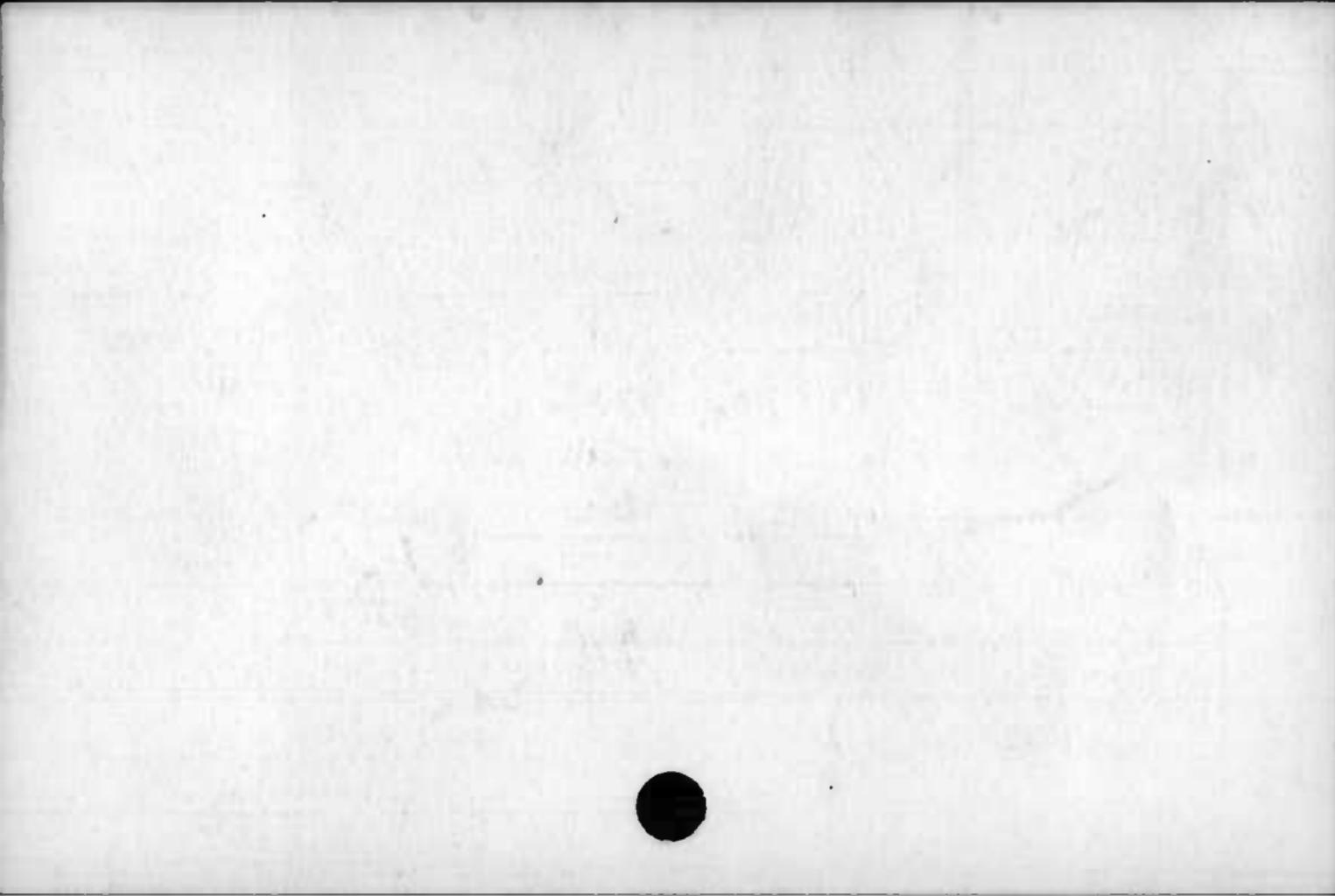
Signature of Physician

Address

Chas. J. Caney
Sylvanville
Md.

Accident or Suicide?

No



Name
In
Full

N L Gorsuch

363

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Gists</u>		Town	County, <u>Carroll</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>June</u>	Day <u>29</u>	Age <u>66</u>	Years	Months <u>6</u>	Days <u>21</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birthplace <u>Gambier</u>		
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Gist</u>				
Married, Single or Widowed		Name of Wife or Husband <u>Eliza A Gorsuch</u>		Father's Birthplace <u>Gambier</u>		
Father's Name <u>Lovelia Gorsuch</u>				Mother's Birthplace <u>Don't Know</u>		
Mother's Maiden Name <u>Rachael A B Shiple</u>				How related to deceased <u>Son</u>		
Name of person giving Information <u>Allie L Gorsuch</u>						
CAUSES OF DEATH						
Primary <u>Paralysis</u>			(66)		How long <u>10 days</u>	
Immediate						

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. H. Wells

Gambier

Carroll Co. Md.

Accident or Suicide?

Bethesda Cemetery

Name
in
Full

Rosa Grace Grizzinn

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hampstead</u>		Town	County <u>Carroll</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>6</u>	Day <u>23</u>	Age <u>15</u>	Years	Months <u>0</u>	Days <u>1</u>	
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Hampstead, Md.</u>				
Occupation <u>School child</u>	Where Residing if not at place of death <u>X</u>						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <u>Michael Jacob Grizzinn</u>			Father's Birthplace <u>Baltimore Co. Maryland</u>				
Mother's Maiden Name <u>Anna Beeler Grizzinn</u>			Mother's Birthplace <u>Hampstead, Md.</u>				
Name of person giving information <u>Michael Jacob Grizzinn</u>			How related to deceased <u>Father</u>				
CAUSES OF DEATH						93	How long <u>3 weeks</u>

PHYSICIAN
OR CORONER

Primary

Double Pneumonia

Immediate

Emphysema, Heart Failure

Are the name, age, sex, color, date and place correctly given above?

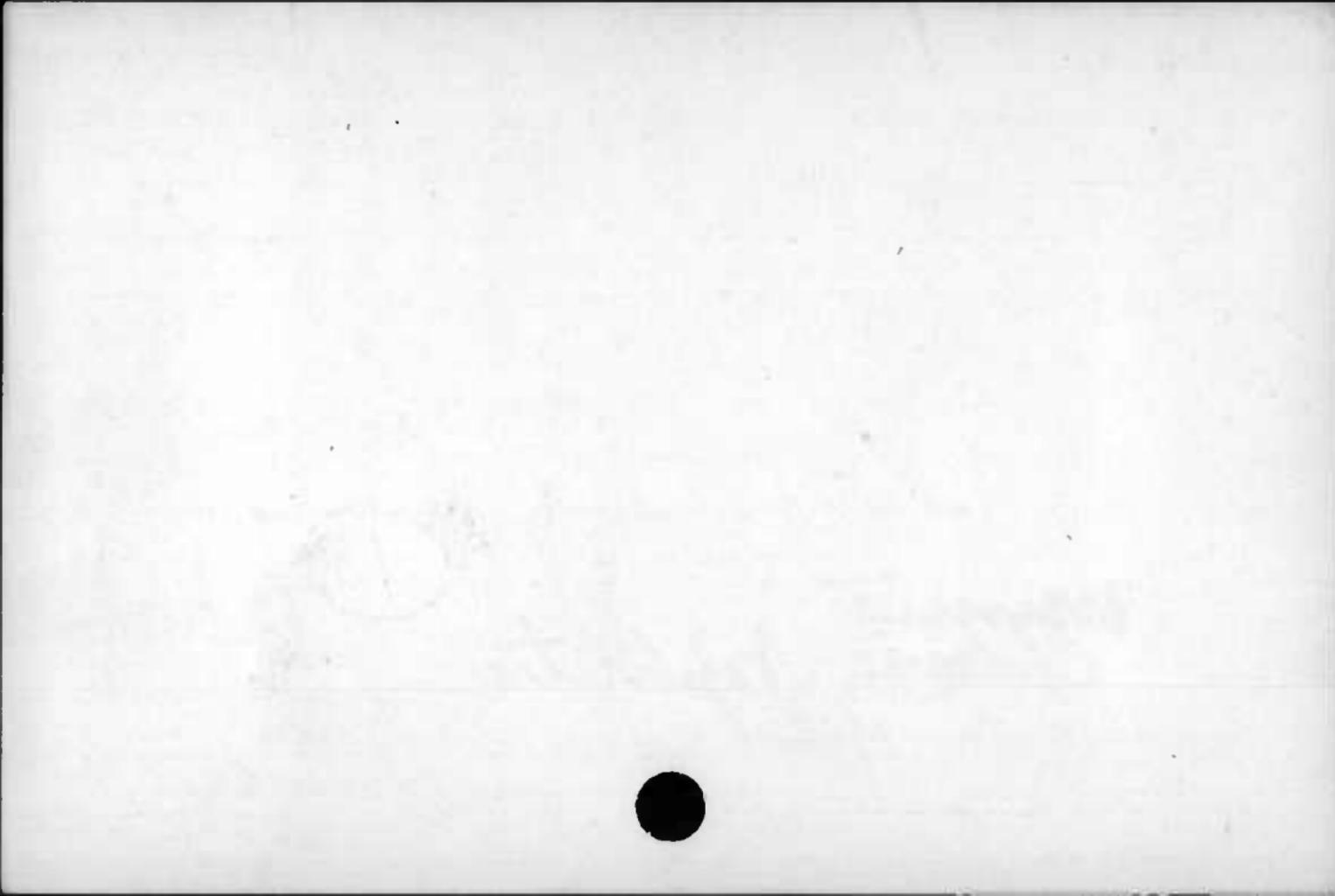
Yes.

Signature of Physician

Address

Edgar M. Bush Md
Hampstead, Md.

Accident or Suicide? X



Name
in
Full

Pearl Estel Grimes

364
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	June	30	28	3	22
Sex	Color or Race	White	Birth-place		
Female		Maryland			
Occupation	Where Residing if not at place of death				
House Wife					
Married, Single or Widowed	Name of Wife or Husband	Francis J. Grimes			
Incused					
Father's Name	Broone J. Shraphley	Father's Birthplace	Maryland		
Mother's Maiden Name	Aura Mary Joseph	Mother's Birthplace	So		
Name of person giving Information	Francis J. Grimes	How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Virginia

120

How long

10 hours

Immediate

Chronic Nephritis

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

No. 2 Bott
Westminster Md

Accident or Suicide?

Bathesaca

Anna. Mary. Hagan						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	1908	Month June	Day 22	Years 21	Months 6	Days 18	
Sex	Female		Color or Race	White		Birth-place	Taneytown
Occupation	Music Teacher		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	William B. Hagan		Father's Birthplace			Fairview, Md	
Mother's Maiden Name	Sarah A. Oldfield		Mother's Birthplace			Gettysburg, Pa	
Name of person giving information	William B. Hagan		How related to deceased			Father	

CAUSES OF DEATH

79

Primary Cardiac Hypertrophy with
valvular Insufficiency

How long 9 mo -

Immediate Cardiac Failure

How long 1 mo -

Are the name, age, sex, color, date and place correctly given above?

Yes -

Signature of Physician

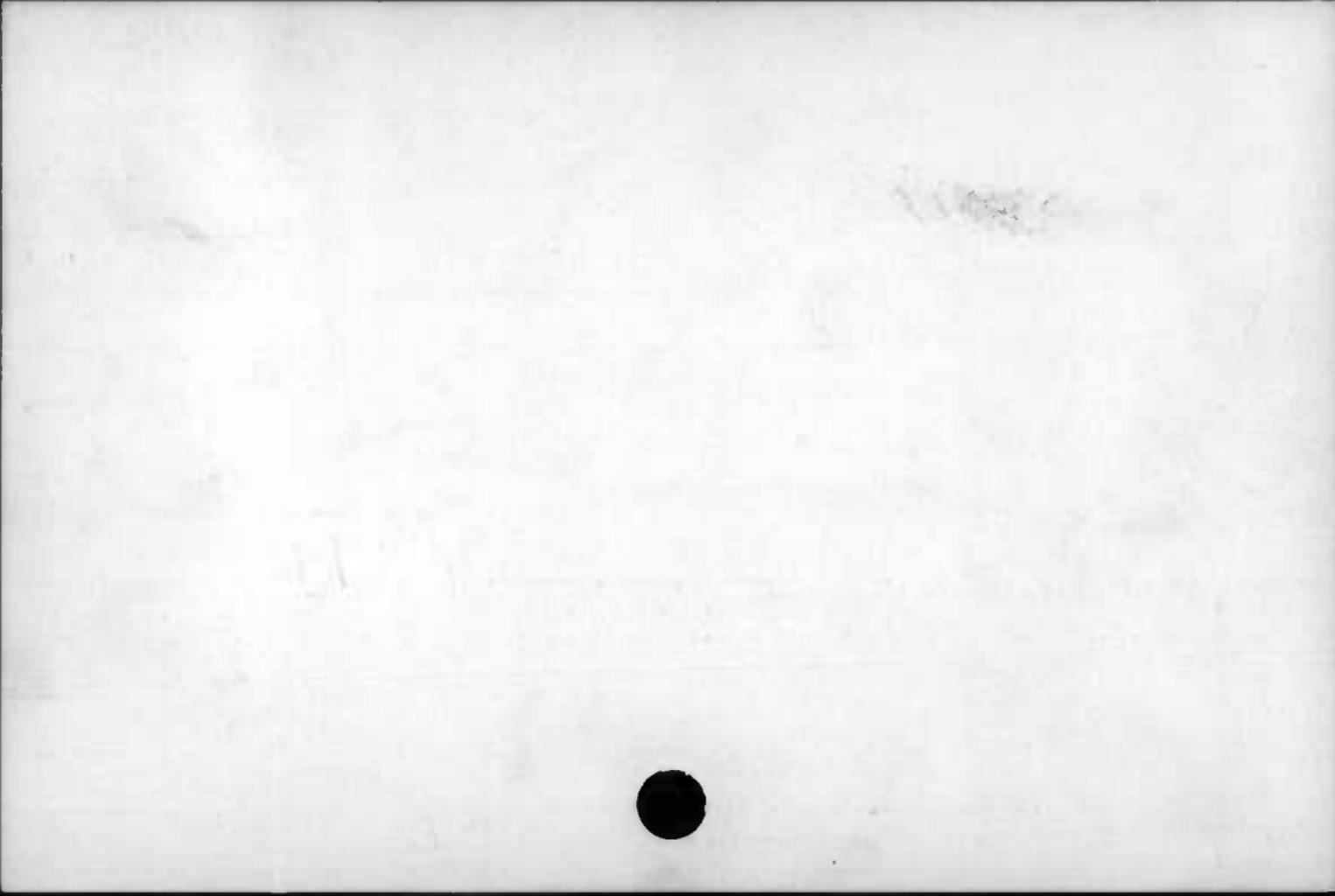
Address

Spanos M. Benner M.D.

Taneytown

Md -

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Catharine Horner					361 CERTIFICATE OF DEATH
Died at <u>Westminster</u>		Town	County <u>Carroll</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>June</u>	Day <u>12</u>	Age <u>68</u>	Months <u>3</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
Occupation <u>House Wife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Charles A. Horner</u>	Father's Name <u>Johnathan Plaine</u>			
Father's Name <u>Johnathan Plaine</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Catharine Weaver</u>	Mother's Birthplace				
Name of person giving information <u>Charles A. Horner</u>	How related to deceased <u>Husband</u>				
CAUSES OF DEATH					
Primary <u>Chronic Bronchitis</u>	How long <u>91</u>				
Immediate <u>Heart failure.</u>	How long <u>2 days</u>				
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>E.M. Sullivan</u>				
	Address <u>146 Main St Westminster</u>				
Accident or Suicide?					



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Thomas E. Kivini

CERTIFICATE OF DEATH

Died at Springfield Hrps.		Town		County		MARYLAND			
Date of death	1908	Month	June	Day	9	Years	34	Months	Days
Sex	Male	Color or Race	White	Birth-place	md				
Occupation	Farmer		Where Residing if not at place of death						
Married, Single or Widowed	Married	Name of Wife or Husband	Mary L.						
Father's Name	Samuel Kivini		Father's Birthplace	md					
Mother's Maiden Name	Elizabeth A. —		Mother's Birthplace	md.					
Name of person giving information	Hospital records		How related to deceased						

CAUSES OF DEATH

69

How long

unknown

How long

1 day

Chas. J. Casey
Sykesville m.d.

Primary

Epileptic insanity

Immediate

Status Epilepticus

Are the name, age, sex, color, date and place correctly given above?

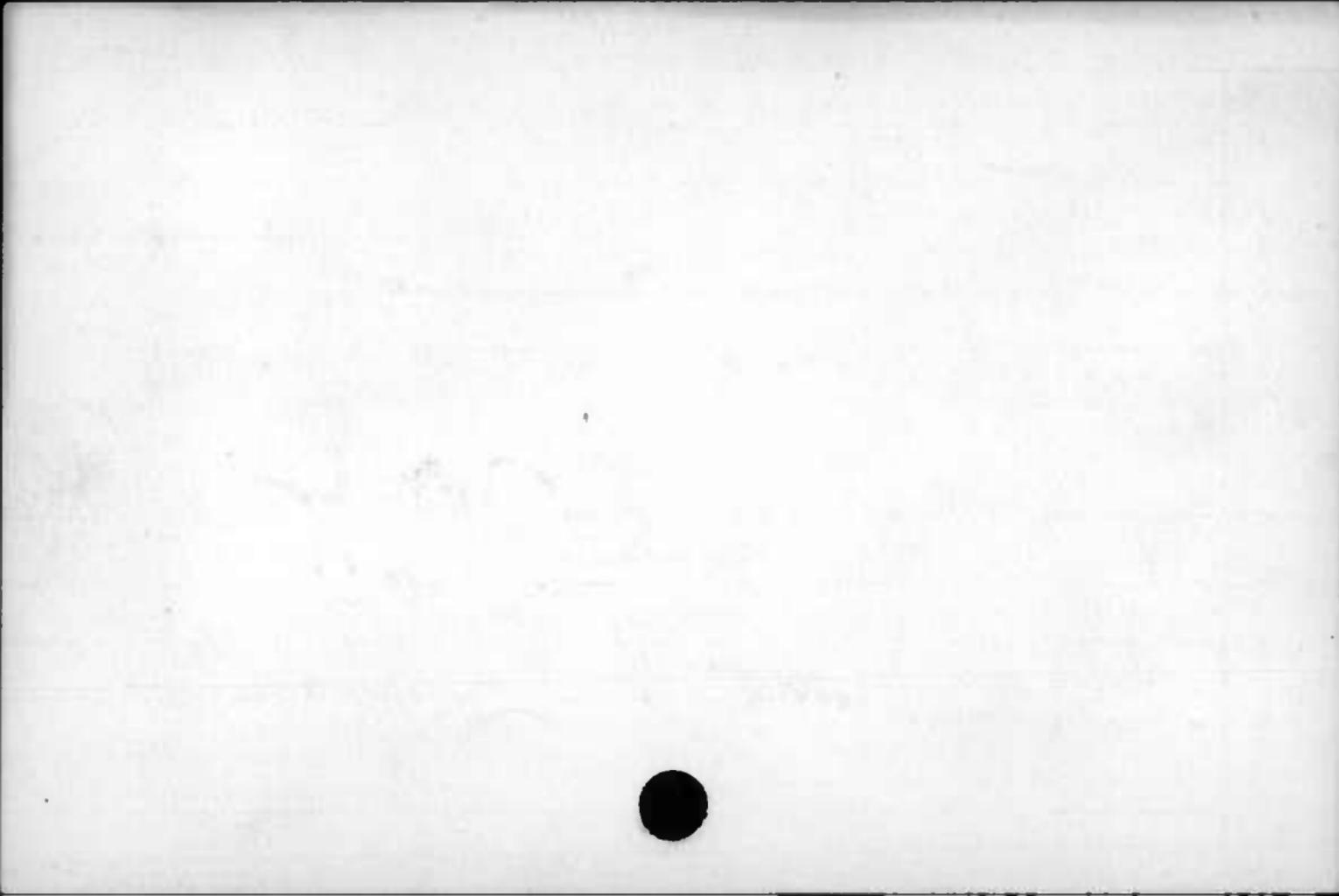
yes

Signature of Physician

Address

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph McKunitry

CERTIFICATE OF DEATH

Died at <u>McKunitry's Mills</u>		Town	County	MARYLAND		
Date of death <u>1908</u>	Month <u>6</u>	Day <u>14</u>	Years <u>28</u>	Age <u>28</u>	Months <u>0</u>	Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Md.</u>				
Occupation <u>Clark</u>	Where Residing if not at place of death					
Married, Single or Widower <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Ivin B McKunitry</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Lizzie Englar</u>	Mother's Birthplace <u>Md</u>					
Name of person giving Information <u>Ivin B McKunitry</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

27

How long

How long

2 years

Alabama

Primary

Tuberculosis

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

G. H. Brown

Address

St. Woodrow

Accident or Suicide?

Goldie M McQuay					359	CERTIFICATE OF DEATH		
Died at		Town Westminster	County Carroll	MARYLAND				
Date of death	1908	Month January	Day 7	Age	Years	Months	Days	
Sex	Female		Color or Race white	Birth- place Maryland				
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	Name of Wife or Husband							
Father's Name	James B McQuay		Father's Birthplace Maryland					
Mother's Maiden Name	Alice R Louler		Mother's Birthplace D.C.					
Name of person giving Information	James B McQuay		How related to deceased Father					

CAUSES OF DEATH

18

How long

4 days

How long

Primary

Encephalitis

Immediate

Asthma

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Henry W. Eighty
Westminster Blvd.

Accident or Suicide?

Shaver
Westminster Tuesday

Edward Henry Mathias

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1908	Month June	Day 22	Years 62	Months	Days 14	
Sex	Male	Color or Race	White	Birth-place			
Occupation	Invalid all his life		Where Residing If not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Samuel Mathias		Father's Birthplace	Carroll Co Md			
Mother's Maiden Name	Catherine Wayne		Mother's Birthplace	York Co Pa			
Name of person giving information	Susan L. Bangham		How related to deceased	Sister			

CAUSES OF DEATH

79

How long

7 days

How long

Primary

Cardiac Arrest

Immediate

Are the name, age, sex, color, date and place correctly given above?

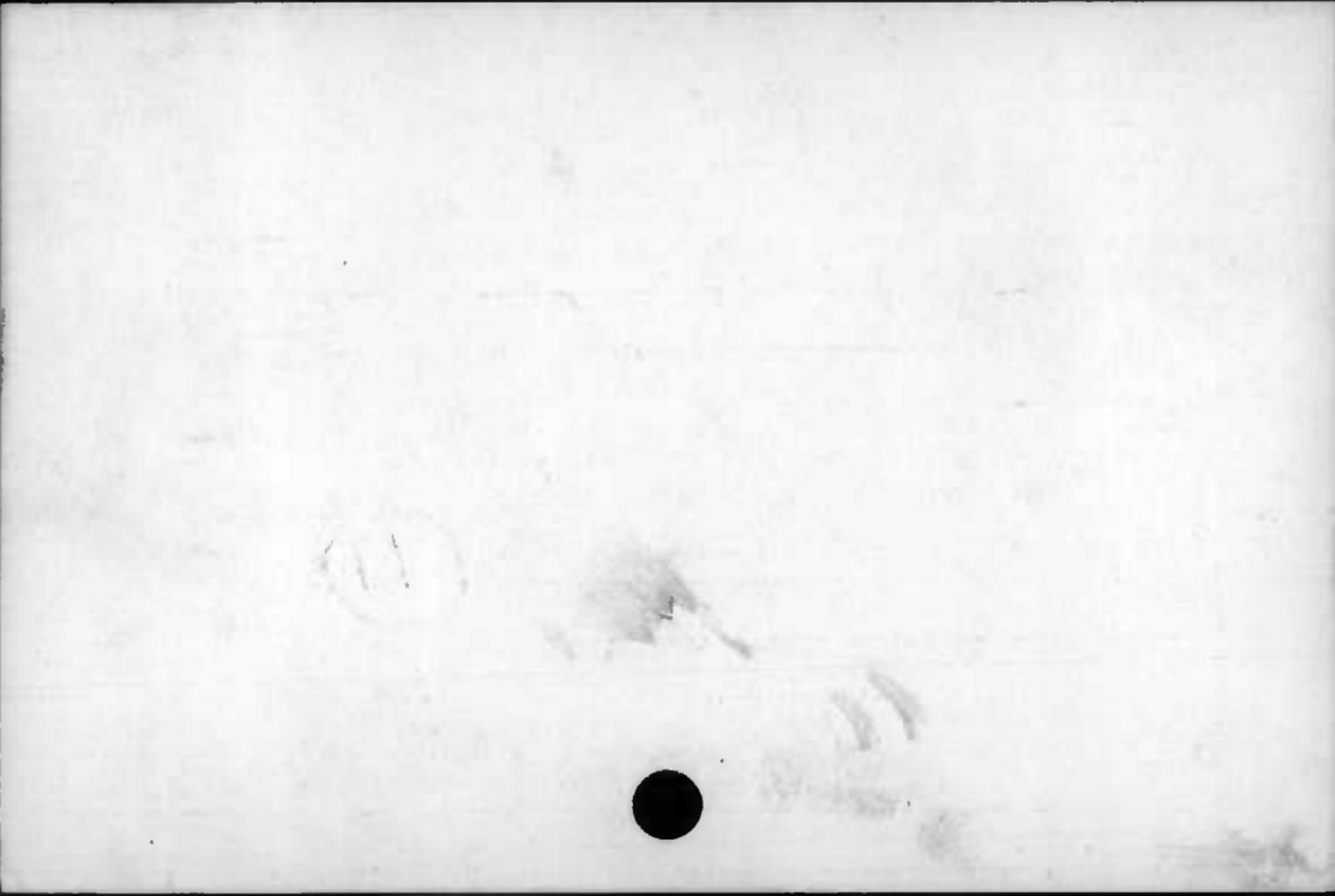
Yes

Signature of Physician

Address

J H Sherman M.D.
Manchester
Md

Accident or Suicide?



Name
in
Full

John D Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Died at <u>Bark Hill.</u>		Town <u>Bark Hill.</u>		County <u>Carroll</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>6</u>	Day <u>5</u>	Age <u>65</u>	Years <u>65</u>	Months <u>—</u>	Days <u>—</u>		
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Maryland</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Maryland</u>							
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Sally Myers?</u>							
Father's Name <u>Samuel Myers</u>			Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Eliza Dagon</u>			Mother's Birthplace <u>Md</u>					
Name of person giving information <u>James Myers</u>			How related to deceased <u>Brother,</u>					

CAUSES OF DEATH

56

How long

10 yrs.

6 mos.

How long

Primary

Alcoholism

Immediate

Starvation

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. Lubin Brown
Union Bridge.

Address

Accident or Suicide?

Name
in
Full

Nicholas D. Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1908	Month June	Day 8	Age 85	Years 1	Months 1	Days 19
Sex	male	Color or Race	W hile		Birth-place	Carroll Co. Md	
Occupation	Farmer		Where Residing if not at place of death			same	
Married, Single or Widowed	Widower	Name of Wife	Caroline Devine.				
Father's Name	Jonathan Morris		Father's Birthplace			Md.	
Mother's Maiden Name	Elizabeth Dorsay		Mother's Birthplace			Md	
Name of person giving Information	N. Dorothy Morris		How related to deceased			son	

CAUSES OF DEATH

154

How long

How long

Primary

Senility

Immediate

Organic Heart Disease

Are the name, age, sex, color, date and place correctly given above?

yes

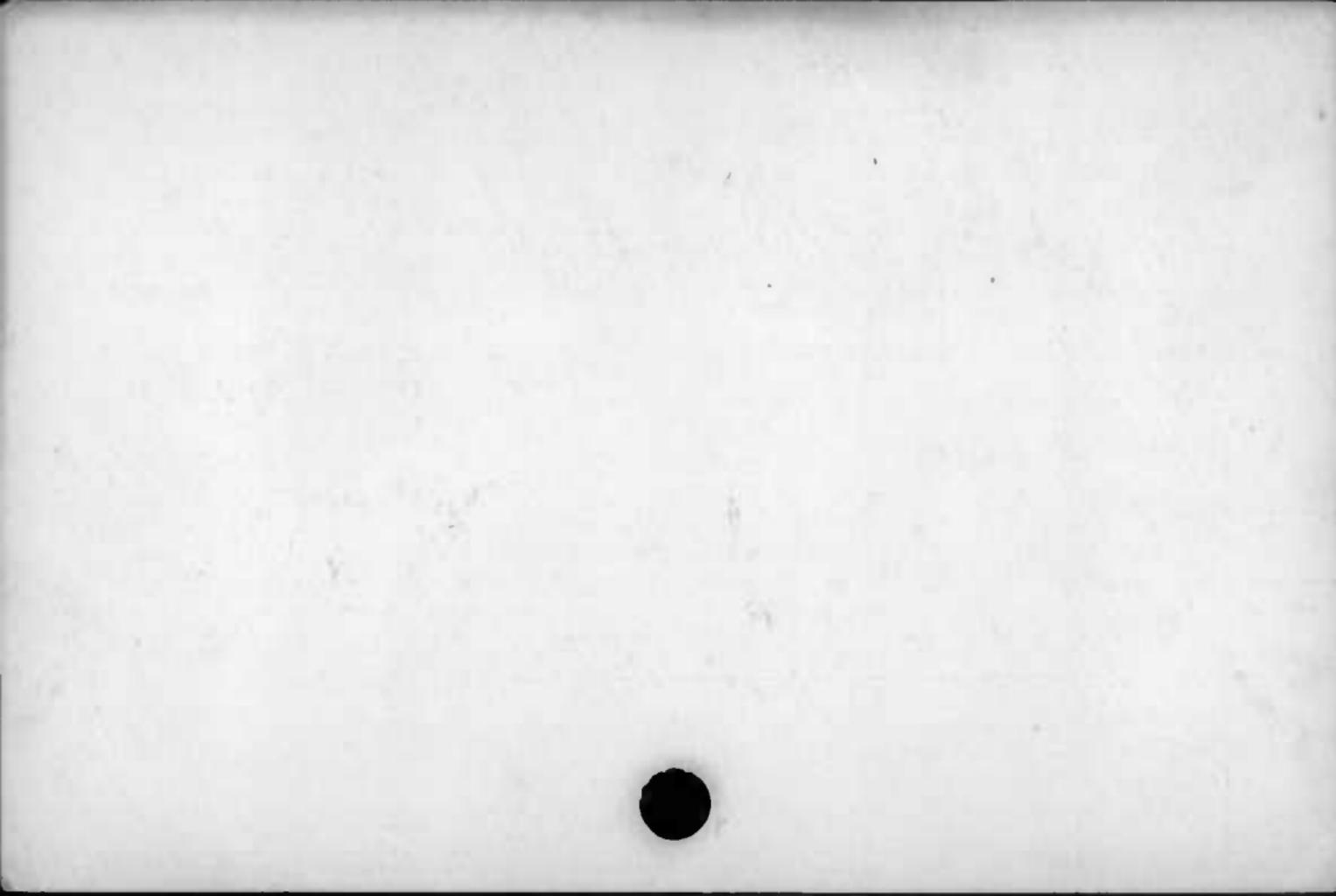
Signature of Physician

Address

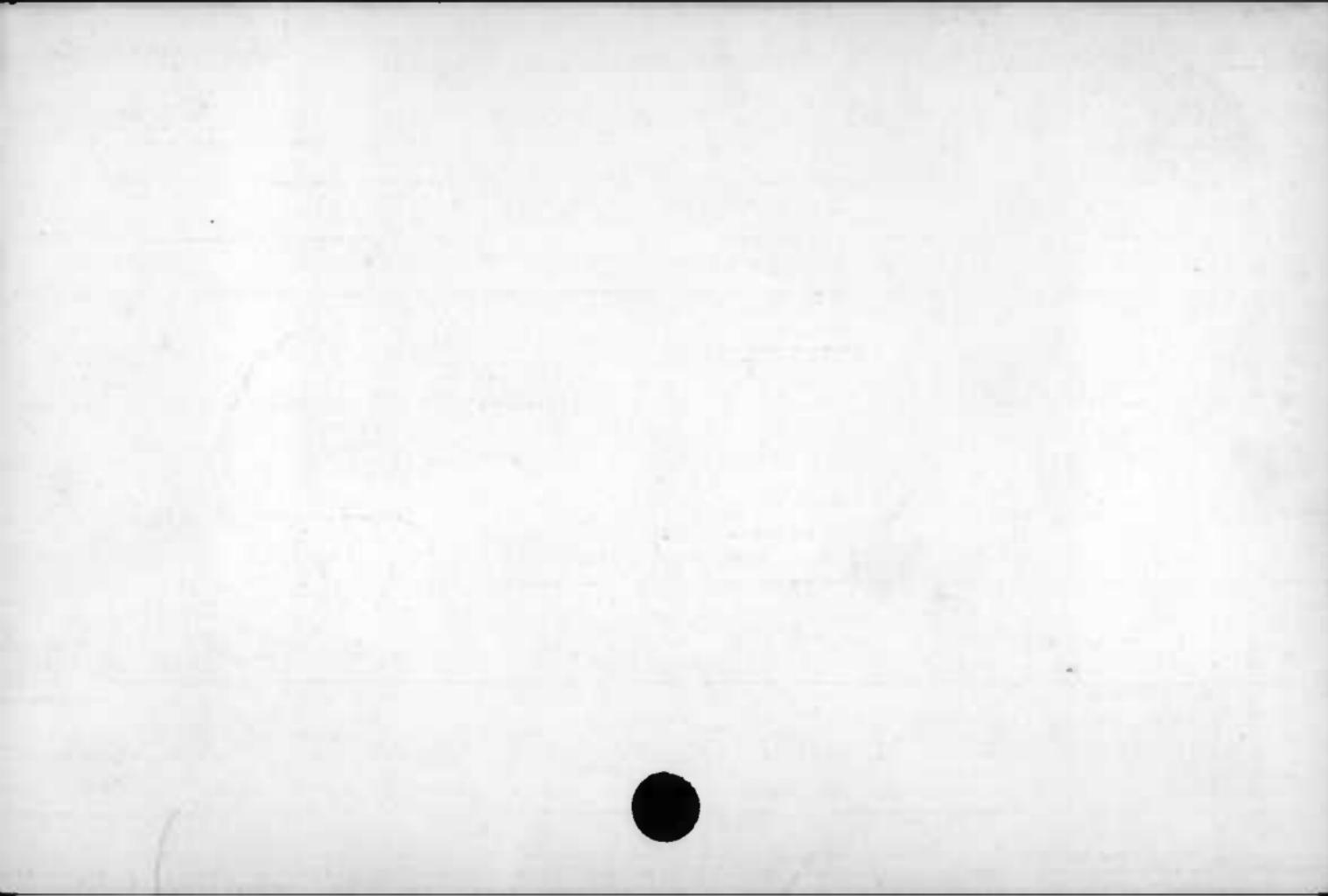
Accident or Suicide?

no

Nicholas Morris
Eldersburg
Md



CERTIFICATE OF DEATH						
Died at <u>Westminster</u>			County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>June</u>	Day <u>5</u>	Age <u>84</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>			
Occupation <u>Merchant</u>	Where Residing if not at place of death <u>Westminster</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>David Petty</u>				Father's Birthplace <u>Penn</u>		
Mother's Maiden Name <u>Ruth A. Walty</u>				Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Chas. Petty</u>				How related to deceased <u>Brother</u>		
CAUSES OF DEATH						
Primary	<u>Paralysis of Bowels</u>			<u>109</u>		
Immediate	<u>Intestinal Obstruction</u>			<u>5 days</u>		
Are the name, age, sex, color, date and place correctly given above?				<u>Yes</u>		
				Signature of Physician <u>Lewis Woodward</u>		
				Address <u>Westminster</u>	<u>Md</u>	
Accident or Suicide?				<u>No</u>		



Name
in
Full

Henry L Seep

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Carroll	MARYLAND		
Date of death 1908	Month June	Day 2	Years 59	Months 11	Days 19
Sex Male	Color or Race White	Birth-place Germany			
Occupation Farmer	Where Residing if not at place of death Miller				
Married, Single or Widowed Married	Name of Wife or Husband Mary L. Bollinger				
Father's Name Peter Seep	Father's Birthplace Germany				
Mother's Maiden Name Elizabeth Blodower	Mother's Birthplace Germany				
Name of person giving Information Mary L Seep	How related to deceased Wife				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

Aphoplexy



How long

4 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

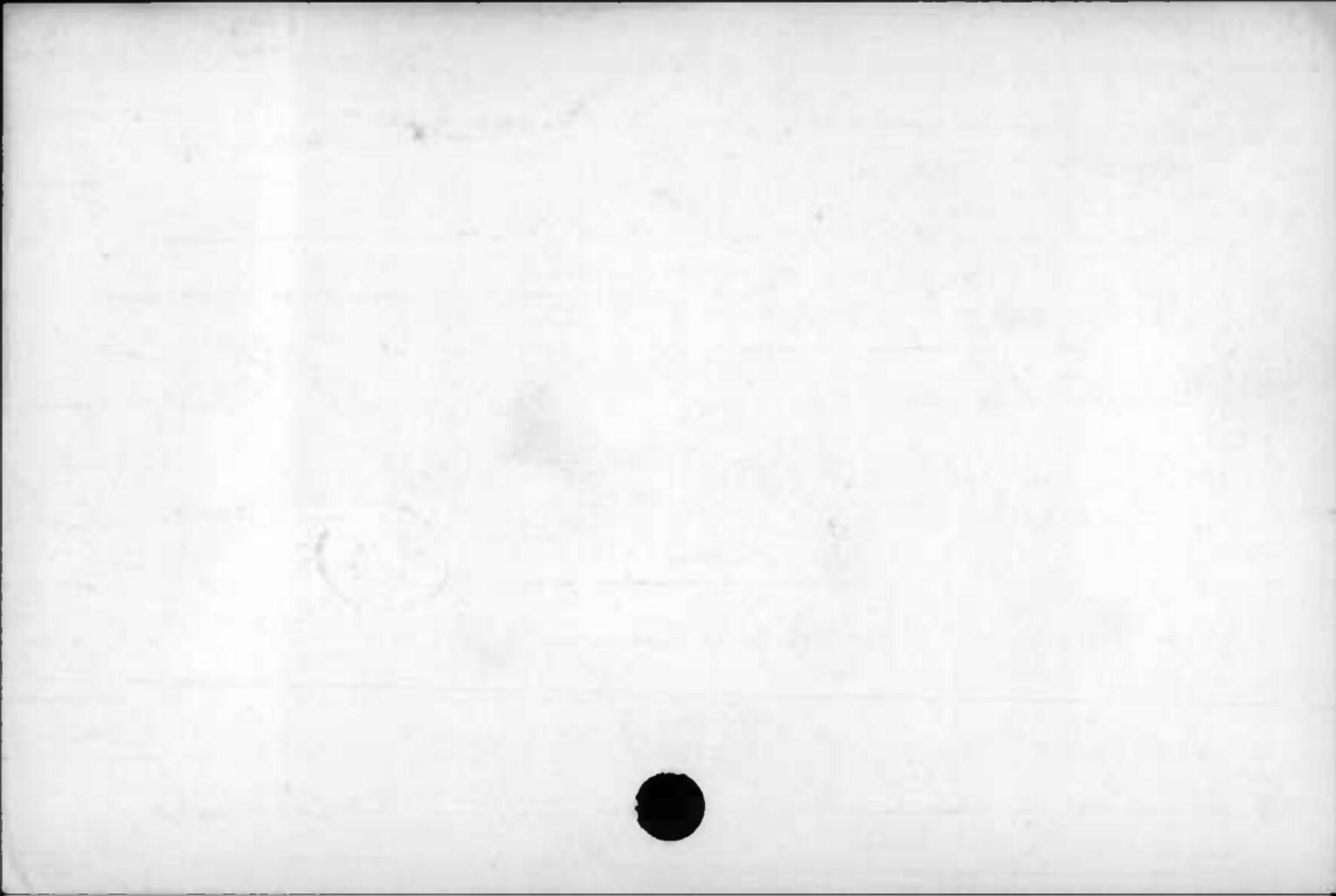
Yes

Signature of Physician

Address

J. H. Sherman M.D.
Manchester
Md

Accident or Suicide?



Name
in
Full

362
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

<i>Jesse Asbury Smith</i>							
Died at <i>Westminster</i>		Town		County <i>Carroll</i>		MARYLAND	
Date of death	1908	Month June	Day 20	Age 62	Years	Months 0	Days 16
Sex Male	Color or Race White	Birth-place <i>Maryland</i>					
Occupation Carpenter	Where Residing if not at place of death						
Married, Single or Widowed Married	Name of Wife or Husband <i>Margaret L. Roots</i>						
Father's Name <i>Jesse Smith</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Elizabeth Hudson</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving Information <i>Maryann L. Smith</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

64

How long

Some months

How long

12 hours

PHYSICIAN
OR CORONER

Primary

Stroke of apoplexy

Immediate

Apoplexy

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

*Drs. Woodward & Riddings
Westminster MD*

Accident or Suicide?

No

Montreal Canada

Name
in
Full

John Teackle

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

To BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hosp. Town Carroll County

MARYLAND

Date of death 1908 Month June Day 27 Years Age 62 Months Days

Sex Male Color or Race White Birth-place Md

Occupation Lawyer Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name St George W. Teackle

Father's Birthplace Va

Mother's Maiden Name Catherine —

Mother's Birthplace Md

Name of person giving information Hospital records

How related to deceased

64

How long

about 8 yrs

Primary

Organic dementia

Immediate

Cerebral apoplexy

How long

Few minutes

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Chas. J. Carey
Lynderville

Address

Accident or Suicide?

No

Md.

Name
in
Full

Margaret A Wilhilde

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Taneytown</u>		Town	County <u>Carroll</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>6</u>	Day <u>28</u>	Age <u>84</u>	Years	Months <u>3</u>	Days <u>15</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Mod</u>				
Occupation <u>Nurse</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Isaac Wilhilde</u>	Father's Birthplace <u>Mod</u>				
Father's Name <u>John Six</u>	Mother's Birthplace <u>Mod</u>					
Mother's Maiden Name <u>Mary Morrison</u>	How related to deceased <u>Son</u>					
Name of person giving information <u>Mary Wilhilde</u>	Daughter					

CAUSES OF DEATH

64

How long

Primary Cerebral Hemorrhage 5 years
Immediate Coma-Failure of respiration 3 days

PHYSICIAN
OR CORONER

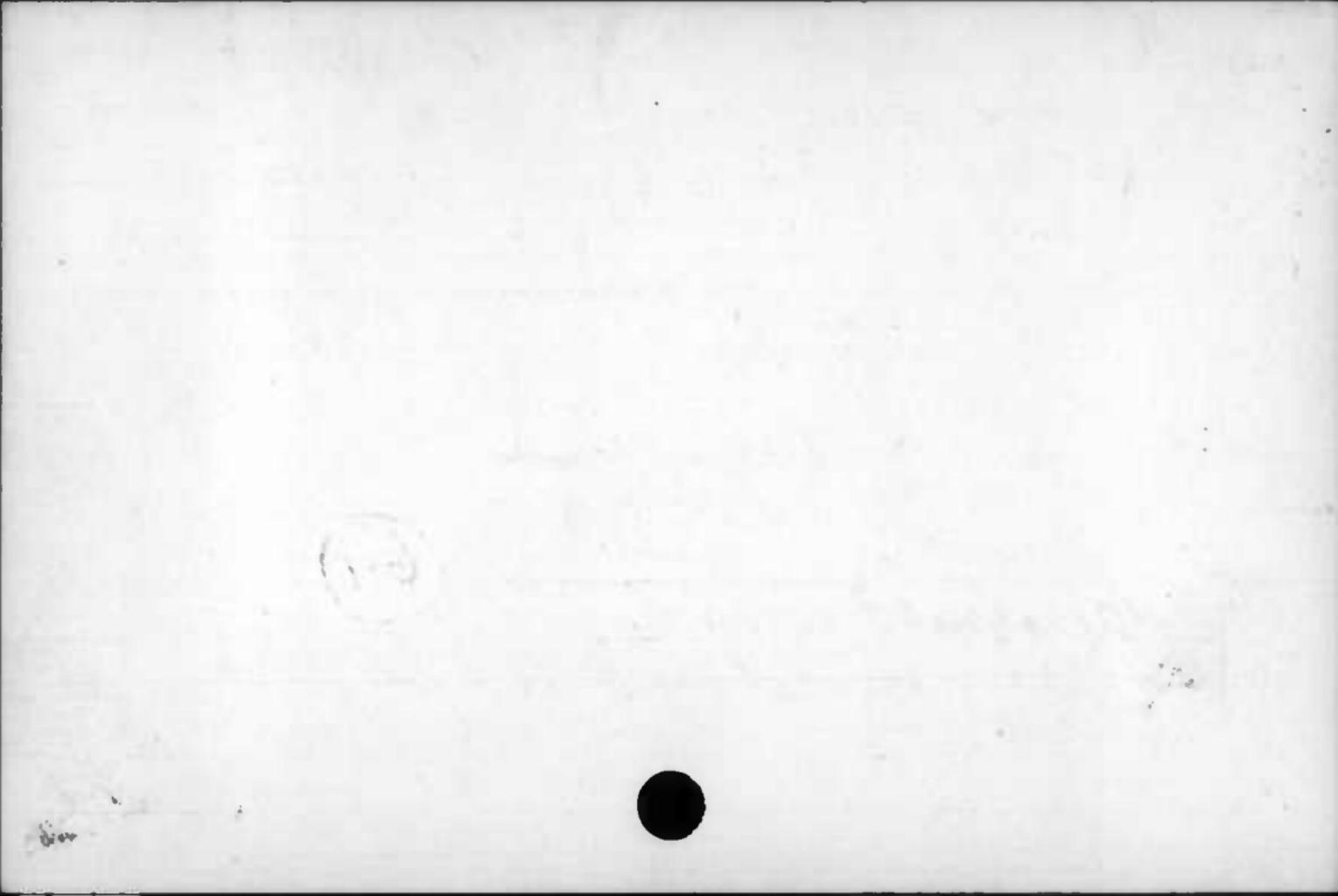
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. H. Seiss.
Taneytown, Md.

Accident or Suicide?



Name
in
Full

Rachael Ruth Yohn

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at near Freedom		Town	County Carroll		MARYLAND	
Date of death 1908	Month 6	Day 17	Years 74	Months 2	Days 8	
Sex Female	Color or Race	white		Birth- place	Carroll Co, Md.	
Occupation	Household work		Where Residing if not at place of death	near Freedom, Md.		
Married, Single or Widowed	Widow	Name of Wife Husband	William Yohn, (deceased)	Father's Birthplace	Howard Co, Md.	
Father's Name	Richard George (deceased)		Mother's Birthplace	Balto. City, Md.		
Mother's Maiden Name	Elizabeth Morris (")		How related to deceased	Daughter.		
Name of person giving Information	Ella Crank.					

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary

Ovarian Cancer

How long

9 months

Immediate

Signature of
Physician

Are the name, age, sex, color, date
and place correctly given above?

Address

E. D. Crank M.D.
Winfield, Md.
Carroll Co.

Accident or Suicide?

